



HIPAA Companion Guide Specifications

TXN 820 Premium Payment Order/Remittance Advice

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1. INTRODUCTION

This Companion Guide is designed to be used in conjunction with the *HIPAA Implementation Guide*. The companion guide specifications define current functions and other information specific to North Carolina Medicaid (NCXIX). The Division of Medical Assistance (DMA) solution for Health Insurance Portability and Accountability Act (HIPAA) recommends suggested methods for utilizing the transactions.



2. SCOPE

The *United States Congress* included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through subtitle F of title II of that law, *Congress* added to title XI of the *Social Security Act* a new part C, titled "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for "Standards for Electronic Transactions", which became effective on October 16, 2000. The final rule requires compliance be met within 2 years of the rule effective date, making compliance necessary by October 16, 2002, unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a 1-year extension to October 16, 2003, for those covered and required to comply in 2002. The North Carolina Department of Health and Human Services (DHHS) has filed an extension, which supports an extension for all divisions within DHHS, to include DMA.

The 820 Premium Payment Order/Remittance Advice (RA) transaction reports premium payment financial information to the Managed Care Organizations (MCOs). The 820 transaction set adds new functionality to the Medicaid Management Information System Plus (MMIS+) by allowing the transmittal of premium payment and adjustment information in an electronic format to MCOs.

3. 820 PREMIUM PAYMENT ORDER/REMITTANCE ADVICE TRANSACTION MAP

LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
	ST/R-34	ST01	R	Transaction Set Identifier Code	Follow rules of the Implementation Guide
		ST02	R	Transaction Set Control Number	Follow rules of the Implementation Guide
	BPR/R-35	BPR01	R	Transaction Handling Code	NC Medicaid will send I – Remittance Information Only
		BPR02	R	Total Premium Payment Amount	Follow rules of the Implementation Guide
		BPR03	R	Credit/Debit Flag Code	Follow rules of the Implementation Guide
		BPR04	R	Payment Method Code	NC Medicaid will send ACH - Automated Clearing House - for payment made by Electronic Funds Transfer (EFT) or CHK - Check for payment made by check
		BPR05	S	Payment Format Code	North Carolina Medicaid will send CCP - Cash Concentration/ Disbursement, plus Addenda, for EFT payments
		BPR06	S	DFI Identification Number Qualifier	North Carolina Medicaid will send 01 - ABA Transit Routing Number Including Check Digits for EFT payments
		BPR07	S	Originating DFI Identification Number	North Carolina Medicaid will send 05311091 for ACH payments
		BPR08	S	Account Number Qualifier	North Carolina Medicaid will send DA - Demand Deposit - for EFT payments
		BPR09	S	Sender Bank Account Number	North Carolina Medicaid will send 8730096875 for EFT payments
		BPR10	S	Originating Company Identifier	North Carolina Medicaid will send 1561250855 for EFT payments



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		BPR11	S	Originating Company Supplemental Code	Follow rules of the Implementation Guide
		BPR12	S	DFI Identification Number Qualifier	Follow rules of the Implementation Guide
		BPR13	S	Receiving DFI Identification Number	Follow rules of the Implementation Guide
		BPR14	S	Account Number Qualifier	Follow rules of the Implementation Guide
		BPR15	S	Receiver Bank Account Number	Follow rules of the Implementation Guide
		BPR16	R	Check Issue or EFT Effective Date	Follow rules of the Implementation Guide
		BPR17	N	Business Function Code	Follow rules of the Implementation Guide
		BPR18	N	(DFI) Identification Number Qualifier	Follow rules of the Implementation Guide
		BPR19	N	(DFI) Identification Number	Follow rules of the Implementation Guide
		BPR20	N	Account Number Qualifier	Follow rules of the Implementation Guide
		BPR21	N	Account Number	Follow rules of the Implementation Guide
	TRN/R-43	TRN01	R	Trace Type Code	North Carolina Medicaid will set this value to 3 - Financial Re-association Trace Number
		TRN02	R	Check or EFT Trace Number	Follow rules of the Implementation Guide
		TRN03	S	Originating Company Identifier	North Carolina Medicaid will send 1561250855 for EFT payments
		TRN04	S	Originating Company Supplemental Code	Follow rules of the Implementation Guide
	CUR/S-45	CUR01	R	Entity Identifier Code	NC Medicaid will not send this segment



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
	REF/S-48	REF01	R	Reference Identification Qualifier	North Carolina Medicaid will set this value to 18 - Plan Number
		REF02	R	Premium Receiver Reference Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	DTM/S-50	DTM01	R	Date/Time Qualifier	NC Medicaid will not send this segment
	DTM/S-52	DTM01	R	Date/Time Qualifier	NC Medicaid will not send this segment
	DTM/S-54	DTM01	R	Date/Time Qualifier	North Carolina Medicaid will set this value to 582 - Report Period
		DTM02	N	Date	Follow rules of the Implementation Guide
		DTM03	N	Time	Follow rules of the Implementation Guide
		DTM04	N	Time Code	Follow rules of the Implementation Guide
		DTM05	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTM06	R	Coverage Period	Follow rules of the Implementation Guide
1000A/R-56				PREMIUM RECEIVER'S NAME	
	N1/R-56	N101	R	Entity Identifier Code	North Carolina Medicaid will set this value to PE - Payee
		N102	S	Receiver Last or Organizational Name	Follow rules of the Implementation Guide
		N103	S	Identification Code Qualifier	North Carolina Medicaid will set this value to FI - Federal Taxpayer's Identification Number
		N104	S	Receiver Identifier	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		N105	N	Entity Relationship Code	Follow rules of the Implementation Guide
		N106	N	Entity Identifier Code	Follow rules of the Implementation Guide
	N2/S-58	N201	R	Receiver Additional Name	Follow rules of the Implementation Guide
		N202	N	Name	Follow rules of the Implementation Guide
	N3/S-59	N301	R	Receiver Address Line 1	Follow rules of the Implementation Guide
		N302	S	Receiver Address Line 2	Follow rules of the Implementation Guide
	N4/S-60	N401	R	Information Receiver City Name	Follow rules of the Implementation Guide
		N402	R	Information Receiver State or Province Code	Follow rules of the Implementation Guide
		N403	R	Information Receiver Postal Zone or ZIP code	Follow rules of the Implementation Guide
		N404	S	Country Code	Follow rules of the Implementation Guide
		N405	N	Location Qualifier	Follow rules of the Implementation Guide
		N406	N	Location Identifier	Follow rules of the Implementation Guide
1000B/R-62				PREMIUM PAYER NAME	
	N1/R-62	N101	R	Entity Identifier Code	North Carolina Medicaid will set this value to PR - Payer
		N102	S	Premium Payer Name	North Carolina Medicaid will set this to North Carolina Medicaid
		N103	S	Identification Code Qualifier	North Carolina Medicaid will set this value to FI - Federal Taxpayer's Identification Number
		N104	S	Premium Payer Identifier	Follow rules of the Implementation Guide
		N105	N	Entity Relationship Code	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		N106	N	Entity Identifier Code	Follow rules of the Implementation Guide
	N2/S-65	N201	R	Premium Payer Additional Name	Follow rules of the Implementation Guide
		N202	N	Name	Follow rules of the Implementation Guide
	N3/S-66	N301	R	Premium Payer Address Line 1	North Carolina Medicaid will set this to PO Box 30968 if payment is made by check
		N302	S	Premium Payer Address Line 2	Follow rules of the Implementation Guide
	N4/S-67	N401	R	Premium Payer City Name	North Carolina Medicaid will set this to Raleigh if payment is made by check
		N402	R	Premium Payer State or Province Code	North Carolina Medicaid will set this to NC if payment is made by check
		N403	R	Premium Payer Postal Zone or ZIP Code	North Carolina Medicaid will set this to 27622 if payment is made by check
		N404	S	Premium Payer Country Code	Follow rules of the Implementation Guide
		N405	N	Location Qualifier	Follow rules of the Implementation Guide
		N406	N	Location Identifier	Follow rules of the Implementation Guide
	PER/S-69	PER01	R	Contact Function Code	NC Medicaid will not send this segment
2000A/S-72				ORGANIZATION SUMMARY REMITTANCE	
	ENT/S-72	ENT01	R	Assigned Number	Follow rules of the Implementation Guide
		ENT02	R	Entity Identifier Code	North Carolina Medicaid will set this value to 2L - Corporation
		ENT03	S	Identification Code Qualifier	North Carolina Medicaid will set this value to FI - Federal Taxpayer ID



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		ENT04	S	Organization Identification Code	Follow rules of the Implementation Guide
		ENT05	N	Entity Identifier Code	Follow rules of the Implementation Guide
		ENT06	N	Identification Code Qualifier	Follow rules of the Implementation Guide
		ENT07	N	Identification Code	Follow rules of the Implementation Guide
		ENT08	N	Reference Identification Qualifier	Follow rules of the Implementation Guide
		ENT09	N	Reference Identification	Follow rules of the Implementation Guide
2300A/R-74				ORGANIZATION SUMMARY REMITTANCE DETAIL	
	RMR/R-74	RMR01	R	Reference Identification Qualifier	North Carolina Medicaid will set this value to 1L - Group or Policy Number
		RMR02	R	Contract, Invoice, Account, Group, or Policy Number	Follow rules of the Implementation Guide
		RMR03	S	Payment Action Code	Follow rules of the Implementation Guide
		RMR04	R	Detail Premium Payment Amount	Follow rules of the Implementation Guide
		RMR05	S	Billed Premium Amount	Follow rules of the Implementation Guide
		RMR06	N	Monetary Amount	Follow rules of the Implementation Guide
		RMR07	N	Adjustment Reason Code	Follow rules of the Implementation Guide
		RMR08	N	Monetary Amount	Follow rules of the Implementation Guide
2310A/S-77				SUMMARY LINE ITEM	
	IT1/S-77	IT101	R	Line Item Control Number	North Carolina Medicaid will set this value to 1



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		IT102	N	Quantity Invoiced	Follow rules of the Implementation Guide
		IT103	N	Unit or Basis of Measurement Code	Follow rules of the Implementation Guide
		IT104	N	Unit Price	Follow rules of the Implementation Guide
		IT105	N	Basis of Unit Price Code	Follow rules of the Implementation Guide
		IT106	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		IT107	N	Product/Service ID	Follow rules of the Implementation Guide
		IT108	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		IT109	N	Product/Service ID	Follow rules of the Implementation Guide
		IT110	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		IT111	N	Product/Service ID	Follow rules of the Implementation Guide
		IT112	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		IT113	N	Product/Service ID	Follow rules of the Implementation Guide
		IT114	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		IT115	N	Product/Service ID	Follow rules of the Implementation Guide
		IT116	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		IT117	N	Product/Service ID	Follow rules of the Implementation Guide
		IT118	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		IT119	N	Product/Service ID	Follow rules of the Implementation Guide
		IT120	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		IT121	N	Product/Service ID	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		IT122	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		IT123	N	Product/Service ID	Follow rules of the Implementation Guide
		IT124	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		IT125	N	Product/Service ID	Follow rules of the Implementation Guide
2315A/S-80				MEMBER COUNT	
	SLN/S-80	SLN01	R	Line Item Control Number	North Carolina Medicaid will set this value to 1
		SLN02	N	Assigned Identification	Follow rules of the Implementation Guide
		SLN03	R	Information Only Indicator	North Carolina Medicaid will set this value to O - Information Only
		SLN04	R	Head Count	Follow rules of the Implementation Guide
		SLN05-01	R	Unit or Basis of Measurement Code	North Carolina Medicaid will set this value to IE - Person
		SLN05-02	N	Exponent	Follow rules of the Implementation Guide
		SLN05-03	N	Multiplier	Follow rules of the Implementation Guide
		SLN05-04	N	Unit or Basis of Measurement Code	Follow rules of the Implementation Guide
		SLN05-05	N	Exponent	Follow rules of the Implementation Guide
		SLN05-06	N	Multiplier	Follow rules of the Implementation Guide
		SLN05-07	N	Unit or Basis of Measurement Code	Follow rules of the Implementation Guide
		SLN05-08	N	Exponent	Follow rules of the Implementation Guide
		SLN05-09	N	Multiplier	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		SLN05-10	N	Unit or Basis of Measurement Code	Follow rules of the Implementation Guide
		SLN05-11	N	Exponent	Follow rules of the Implementation Guide
		SLN05-12	N	Multiplier	Follow rules of the Implementation Guide
		SLN05-13	N	Unit or Basis of Measurement Code	Follow rules of the Implementation Guide
		SLN05-14	N	Exponent	Follow rules of the Implementation Guide
		SLN05-15	N	Multiplier	Follow rules of the Implementation Guide
		SLN06	N	Unit Price	Follow rules of the Implementation Guide
		SLN07	N	Basis of Unit Price Code	Follow rules of the Implementation Guide
		SLN08	N	Relationship Code	Follow rules of the Implementation Guide
		SLN09	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		SLN10	N	Product/Service ID	Follow rules of the Implementation Guide
		SLN11	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		SLN12	N	Product/Service ID	Follow rules of the Implementation Guide
		SLN13	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		SLN14	N	Product/Service ID	Follow rules of the Implementation Guide
		SLN15	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		SLN16	N	Product/Service ID	Follow rules of the Implementation Guide
		SLN17	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		SLN18	N	Product/Service ID	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		SLN19	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		SLN20	N	Product/Service ID	Follow rules of the Implementation Guide
		SLN21	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		SLN22	N	Product/Service ID	Follow rules of the Implementation Guide
		SLN23	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		SLN24	N	Product/Service ID	Follow rules of the Implementation Guide
		SLN25	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		SLN26	N	Product/Service ID	Follow rules of the Implementation Guide
		SLN27	N	Product/Service ID Qualifier	Follow rules of the Implementation Guide
		SLN28	N	Product/Service ID	Follow rules of the Implementation Guide
2320A/S-84				ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT	NC Medicaid will not send this loop
2000B/S-86				INDIVIDUAL REMITTANCE	
	ENT/S-86	ENT01	R	Assigned Number	NC Medicaid will increment counter for each detail line
		ENT02	R	Entity Identifier Code	North Carolina Medicaid will set this value to 2J - Individual
		ENT03	R	Identification Code Qualifier	North Carolina Medicaid will set this value to 34 - SSN
		ENT04	R	Receiver Individual Identifier	Follow rules of the Implementation Guide
		ENT05	N	Entity Identifier Code	Follow rules of the Implementation Guide
		ENT06	N	Identification Code Qualifier	Follow rules of the Implementation Guide
		ENT07	N	Identification Code	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		ENT08	N	Reference Identification Qualifier	Follow rules of the Implementation Guide
		ENT09	N	Reference Identification	Follow rules of the Implementation Guide
2100B/S-88				INDIVIDUAL NAME	
	NM1/S-88	NM101	R	Entity Identifier Code	North Carolina Medicaid will set this value to QE - Policy Holder
		NM102	R	Entity Type Qualifier	North Carolina Medicaid will set this value to 1 - Person
		NM103	S	Individual Last Name	Follow rules of the Implementation Guide
		NM104	S	Individual First Name	Follow rules of the Implementation Guide
		NM105	S	Individual Middle Name	Follow rules of the Implementation Guide
		NM106	S	Individual Name Prefix	Follow rules of the Implementation Guide
		NM107	S	Individual Name Suffix	Follow rules of the Implementation Guide
		NM108	S	Identification Code Qualifier	North Carolina Medicaid will set this value to 34 - Social Security Number
		NM109	S	Individual Identifier	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
2300B/S-91				INDIVIDUAL PREMIUM REMITTANCE DETAIL	
	RMR/S-91	RMR01	R	Reference Identification Qualifier	North Carolina Medicaid will set this value to AZ - Health Insurance Policy Number

LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		RMR02	R	Insurance Remittance Reference Number	<p>A two-digit code will be attached to the end of the Reference number to indicate the type of claim:</p> <p>KT = 100% kick payment</p> <p>KP = 90% kick payment</p> <p>KR = 10% kick released withhold</p> <p>CT = 100% capitated premium</p> <p>CP = 90% capitated premium</p> <p>CR = 10% released withhold</p>
		RMR03	S	Payment Action Code	Follow rules of the Implementation Guide
		RMR04	R	Detail Premium Payment Amount	Follow rules of the Implementation Guide
		RMR05	S	Billed Premium Amount	Follow rules of the Implementation Guide
		RMR06	N	Monetary Amount	Follow rules of the Implementation Guide
		RMR07	N	Adjustment Reason Code	Follow rules of the Implementation Guide
		RMR08	N	Monetary Amount	Follow rules of the Implementation Guide
	DTM/S-94	DTM01	R	Date/Time Qualifier	North Carolina Medicaid will set this value to 582 – Report Period
		DTM02	N	Date	Follow rules of the Implementation Guide
		DTM03	N	Time	Follow rules of the Implementation Guide
		DTM04	N	Time Code	Follow rules of the Implementation Guide
		DTM05	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTM06	R	Coverage Period	Follow rules of the Implementation Guide



LOOP	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
2320B/S-96				INDIVIDUAL PREMIUM ADJUSTMENT	
	ADX/S-96	ADX01	R	Adjustment Amount	Follow rules of the Implementation Guide
		ADX02	R	Adjustment Reason Code	NC Medicaid will set this value to IA – Invoice Amount Does Not Match Account Analysis Statement
		ADX03	N	Reference Identification Qualifier	Follow rules of the Implementation Guide
		ADX04	N	Reference Identification	Follow rules of the Implementation Guide
TRAILER				TRANSACTION SET TRAILER	
	SE/R-98	SE01	R	Number of Included Segments	Follow rules of the Implementation Guide
		SE02	R	Transaction Set Control Number	Follow rules of the Implementation Guide



4. DOCUMENT CHANGE HISTORY

Project Information
Project Name: North Carolina Medicaid Companion Guide
Status: Final (Version number and date are used for configuration control of this deliverable)

The controlled master of this document is available in the EDS North Carolina Title Nineteen (NCXIX) eRoom^{®1}. Hard copies of this document are for information only and are not subject to document control.

Version	Issue Date	Created By	Comments/Reason
1.0	02/28/2003	Allen Dowdle, Jim Schloss	Original document
1.1	03/05/2003	Jim Schloss	Added claim type codes for RMR02 segment
1.2	05/07/2003	Jim Schloss	Changed ENT03 from ZZ - mutually Defined to 34 - SSN

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